PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231

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QM31/0218

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WILSON SONSINI GOODRICH & ROSATI
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SIDNEY MANIKUSAN (Depositor's name)

_____ (Signature)

4.9.99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
08/845,657	04/25/97	085	NGUYEN, T	3738	02/18

First Named Applicant	JANG,	35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION   INTRAVASCULAR STENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 18461.709	623-001.000	P32	UTILITY	YES ~~NO~~	605.00 $~~1210.00~~	05/18

1. Change of correspondence address or indication of " Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wilson Sonsini Goodrich & Rosati

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a subsitiue for filing an assignment.

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Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date) 4/8/99

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